CASE FILE NO.

## NOTICE OF NONCOMPLIANCE NOTICE OF NONCOMPLIANCE



Oregon Department of Agriculture Natural Resources Division 635 Capitol Street NE Salem, Oregon 97301-2532

95031

STER ADDRESS NO.	& PLAN OF CORRECTION	OF NO	(303) 366-4700
Draw Campo	NG OPERATION (CAFO)	CAFO OPERATO	obell R'S NAME
76060,7587 STREET ADDRESS, CITY,	Piper Co. Rd Catage Craye OF STATE, ZIP 9742	9 <u>54/294</u> 9 PHONE NUMBE	12-9135 913
On $1-18-18$ MONTH, DAY, Y	EAR INSPECT	OR'S NAME	
laws and regulations relating animal wastes be managed	of Agriculture met with you to review your com O Individual Permit issued for your operation b g to protection of the state's waters. The princ I so pollutants do not discharge into surface w old and dispose of wastes in a manner that do	y the Department o cipal requirement of aters or impact am	f Agriculture, and state the permit is that
Noncompliance (NON) or conditions of your operation	oservations and report, the department conclu CAFO permit and state water quality laws. The Notice of Noncompliance & Plan of Correct that are out of compliance and must be correct the necessary actions to bring your CAFO in	e purpose of this <b>N</b> o <b>:tion (POC)</b> is to ide cted. The departm	otice of
Description of Violation(s):  S 2 0/50  Reap 16	charge Violation	Storm Dra	VA
Required Corrective Actio To correct the violation(s) you Ra Purpo Storage Ra 2 Have Tra A ceda 1	n(s) and Compliance Schedule: but are directed to take the following actions by  Cone Before Lef  ASFOR SUSTEN Charked and  AND MARCH 170 MARCH 17	the date(s) indicate  The SITE	apacity fon
Rag transf Thank you for your coope	eration in these matters. If you have any o	to Preve questions, please	contact me.
cooperation to restore and r	Salmon and Watersheds, Oregonians across the naintain our rivers, lakes and streams for multing your part to protect and improve water quality	ole uses. By comple	together in a spirit of eting the measures
Sincerely, INSPECTOR'S SIGNATURE	2) R Mal	•	
Livestock Water Quality Spe CAFO Program, Natural Re Phone:			REVISED 7/1/2004

FORM 7012

**OFFICE COPY** 

٠	Confined Animal Feeding Operation Facility Inspection Report  Oregon	
	INSPECTION TYPE: Routine	Department of Agriculture 635 Capitol Street N.E. Salem, OR 97301-2532  Permitted Animal Numbers: 272  E-mail Address: 871 Piper Crook County: Lane
	A Confined Animal Feeding Operation inspection was made at your facility on t	his date. Summary of inspection results is below.
	LEGEND: C=Compliance N=Non-compliance NA=Not Applical IPEM  1. Livestock Inventory:	EMARKS New Phone/contaction SH-942-9135  X SEE NON Wasa Discharge to Surface Wate Discharge Was Stopped Before I left the Site Automatic Transfer Dish Kick OD?
1	6. Animal Waste Management Plan (AWMP) and Recordkeeping a. Soil-sampling results or manure-sampling results b. Recordkeeping c.	ConWaiving The written
	CONCLUSION:  a. Facility in compliance. Thank you for your cooperation in protecting the quality b. On Schedule. c. Planning Assistance. d. Educational Review. e. Concern(s) identified. See attached Water Quality Advisory. f. Violation(s) identified. See attached Notice of Noncompliance and Plan of Correg. Final Inspection Results Pending.	